



Dojolvi

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Request Initiated For: _____

- What is the diagnosis? **Indicate ALL that apply.**
 - Carnitine palmitoyltransferase type 1 (CPT1) deficiency
 - Carnitine palmitoyltransferase type 2 (CPT2) deficiency
 - Carnitine-acylcarnitine translocase (CACT) deficiency
 - Very-long-chain acyl-CoA dehydrogenase (VLCAD) deficiency
 - Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)
 - Trifunctional protein (TFP) deficiency
 - Other _____
- What is the ICD-10 code? _____
- Is the patient currently receiving treatment with the requested medication? Yes No *If No, skip to #6*
- Is the patient currently receiving the requested medication through samples or a manufacturer's patient assistance program? *If Yes or Unknown, skip to #6* Yes No Unknown
- Is the patient experiencing benefit from therapy as evidenced by disease stability or disease improvement (e.g., improvement in cardiomyopathy, glycemic control or exercise tolerance, or a reduction in episodes of cardiomyopathy, rhabdomyolysis, hypoglycemia or hospitalizations)? Yes No *No further questions*
- Did the patient have the following elevated acylcarnitine levels on a newborn blood spot or in plasma, as applicable to the patient's diagnosis? Yes No
 - a. CPT1 deficiency: elevated C0; C0/C16 + C18:1
 - b. CPT2 and CACT deficiency: elevated C16 and/or C18:1
 - b. LCHAD and TFP deficiency: elevated C16-OH and/or C18 and other acylcarnitines
 - c. VLCAD deficiency: elevated C14:1 and/or other long-chain acylcarnitines
- At the time of the diagnosis, did the patient have low enzyme activity in cultured fibroblast?
ACTION REQUIRED: If Yes, attach supporting chart or laboratory documentation confirming low enzyme activity in cultured fibroblasts. Yes No

Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155

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8. Does the patient have one or more known pathogenic mutations in CPT1A, SLC25A20, CPT2, acyl-CoA dehydrogenase very-long-chain (ACADVL), hydroxyacyl-CoA dehydrogenase trifunctional multi-enzyme complex subunit alpha (HADHA) or hydroxyacyl-CoA dehydrogenase trifunctional multi-enzyme complex subunit beta (HADHB) gene? ***ACTION REQUIRED: If Yes, attach supporting chart or laboratory documentation confirming pathogenic mutations by genetic testing.*** Yes No

9. Has the patient been receiving a low-fat/high-carbohydrate diet and medium-chain triglyceride (MCT) supplementation (For example, MCT oil supplements, specialized infant or pediatric formula supplemented with MCT for LC-FAOD such as Lipistart, Monogen, Portagen, Enfaport, MCT Procal, MCT Oil, and Liquigen)? Yes No

10. How many hospitalizations and ER visits has the patient had within the past year due to rhabdomyolysis, cardiomyopathy or hypoglycemic episodes? _____ ***ACTION REQUIRED: Attach supporting chart note(s).***

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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